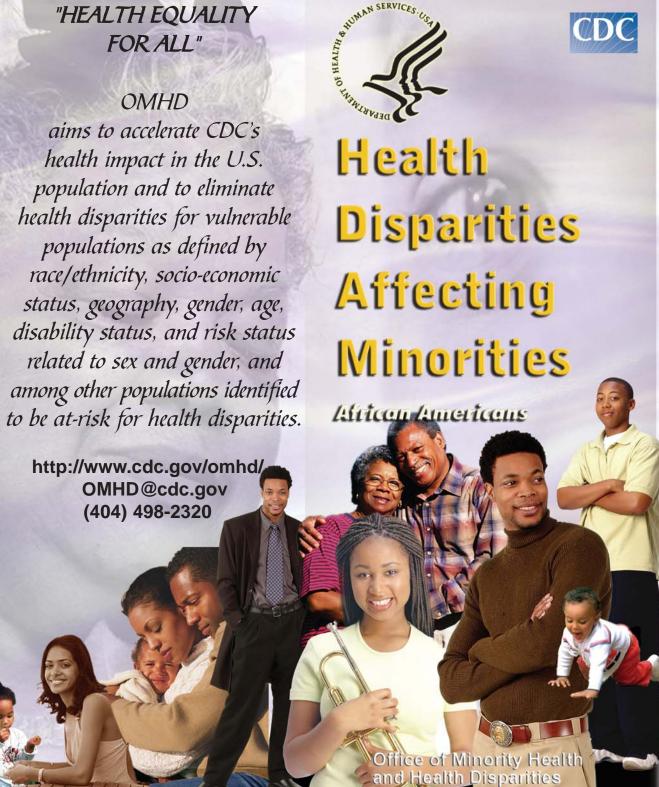
# FOR ALL"



## **EXAMPLES OF DISPARITIES**

According to the 2000 U.S. Census, African Americans account for 13% of the U.S. population or 36.4 million individuals.



## HIV/AIDS:

While African Americans account for 13% of the U.S. population, they account for more than 50% of all new HIV infections reported in 2001.

#### Cancer:

In 2001, the age-adjusted death rate for all cancers was 25.4% higher for African Americans (243.1 per 100,000) than for white Americans (193.9).

#### Diabetes:

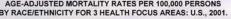
In 2001, the diabetes age-adjusted death rate for African Americans was more than twice that for white Americans (49.2 per 100,000 vs. 23.0).

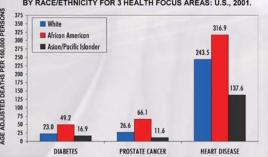
## **Heart Disease and** Stroke:

In 2001, the age-adjusted death rate for heart disease was 30.1% higher for African Americans (316.9 per 100,000) than for white Americans (243.5). The age-adjusted death rate for stroke was 41.2% higher for African **Americans** (78.8 per 100,000) than for white Americans (55.8).

### **Adult Immunization:**

In 2001, influenza vaccination coverage among adults 65 years of age and older was 70.2% for whites and 52.0% for African Americans. The gap for pneumococcal vaccination coverage among older adults was even wider, with 60.6% for whites and 36.1% for African Americans.





#### **PROMISING STRATEGIES**

#### HIV/AIDS:

Improve recognition of risk, detection of infection, and referral to follow-up care; assure proper treatment; and counsel about avoiding risky behaviors.

#### Cancer:

Modify lifestyles to reduce individual risk for cancer -- tobacco use, diet and nutrition -- and improve early detection.

#### **Heart Disease and Stroke:**

Reduce risk factors for heart disease and stroke morbidity, disability, and mortality (i.e., high blood pressure, high cholesterol, smoking tobacco, excessive body weight, and physical inactivity).

#### Adult Immunization:

Promote effective provider-based intervention, increase community demand, enhance access to services, and encourage vaccination-related efforts in non-medical settings.

#### Diabetes:

Reduce the rate of diabetes and its complications among high-risk populations, increase early detection and treatment, and increase efforts on diabetes self-management through outreach and education.

## WHAT YOU CAN DO

#### **Healthcare Providers**

Advise and encourage clients to reduce their risk for chronic and infectious illnesses.

Ensure that standing orders are in place for screening tests.

Advise seniors and medically compromised clients to get pneumococcal and influenza vaccinations.

Conduct foot and kidney exams with diabetic clients during routine health-care visits and recommend eye exams annually.

Provide culturally competent and linguistically appropriate care.

#### **Individuals**

Think prevention -- see a healthcare provider annually, even if you feel healthy.

Eat more fruits and vegetables and less fat and sugar.

Get at least 30 minutes of physical activity daily -- taking the stairs burns 5 times more calories than taking the elevator.

Take loved ones to a healthcare provider.

Stop smoking.

#### Community

Join with others to promote communitywide health activities and campaigns.

Form coalitions with civic, professional, religious, and educational organizations to advocate health policies, programs, and services.

Support policies that promote healthcare access for all.

#### **MORE INFORMATION**

CDC's Office of Minority Health and Health Disparities (OMHD) http://www.cdc.gov/omhd/Populations/BA A/BAA.htm

HHS' Office of Minority Health Resource Center (HHS OMHRC)

(404) 498-2320

http://www.omhrc.gov/OMHRC/index.htm (800) 444-6472

National Center on Minority Health and Health Disparities (NCMHD) http://ncmhd.nih.gov

(301) 402-1366 TTY: (301) 451-9532

#### **FirstGOV**

http://www.firstgov.gov (800) FED-INFO (333-4636)

National Medical Association (NMA)

http://www.nmanet.org/ (202) 347-1895

National Black Nurses Association (NBNA)

http://www.nbna.org/ (301) 589-3200

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